GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:84
ANSWERED ON:06.03.2002
ROLE OF HOMOEOPATHS IN NATIONAL FAMILY PLANNING PROGRAMME
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government considers that the involving of homoeopaths in the National Family Planning Programme is necessary;

(b) if so, the details thereof;

(c) whether a joint workshop was conducted by the National Commission on Population, and the State Institute of Health Management and Communications of Madhya Pradesh in Gwalior recently to bring some homoeopaths into the main stream;

(d) if so, the main objectives of the workshop; and

(e) the extent to which these objectives have been achieved?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE(DR. C.P. THAKUR)

(a)to(e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 84 FOR 6.3.2002

(a)&(b): The National Population Policy, 2000, stipulates mainstreaming of Indian Systems of Medicine & Homoeopathy as one of the strategic themes for achieving population stabilisation in the country. To operationalise this strategy, the policy provides for appropriate training and orientation for the institutionally qualified homooepathic practitioners in respect of the Reproductive and Child Health (RCH) Programme.The services of such homoeopathic practitioners will be utilised to fill in the critical gaps in medical manpower at appropriate levels in the health delivery systems and infrastructure.

(c)to(e): The National Commission on Population (NCP) has sponsored, at the State Institute of Health Management and Communication at Gwalior, Madhya Pradesh, 10 workshops of two daysduration each for an orientation training programme for practitioners of Indian Systems of Medicine and Homoeopathy (ISM&H) with a view to bringing them into the mainstream for providing health and family welfare services, especially in the remote and inaccessible areas. On the basis of the preliminary report submitted by the Institute, the training programme was completed successfully and about 300 ISM&H practitioners participated in this training programme. Several suggestions were made in the workshop. A summary of suggestions is annexed.

ANNEXURE

Summary of Suggestions

1. The Clinics of these trained Medical Practitioners should be made depot centres for distribution of contraceptives.

2. Regular supply of contraceptives should be made available for their clinics so that the contraceptives can be distributed to the acceptors.

3. Supply of aids like cassettes, Video films etc. about Family Planning.

4. Supply of posters / charts etc. regarding family planning methods. These can be put on their clinics and this would help then to explain / counsel about a method.

5. Availability of a lady doctor at least once a week / month at the clinics of these trained practitioners for giving talks / lectures on important health related problems.

6. Mass meeting / group meeting / baby shows etc. to be done by Government health workers in the clinics of these practitioners.

7. They should be involved in all the health related Government activities.

8. In every village a team of private medical practitioners should be allowed to open a `Pariwar Kalyan Kendra`.The centre should be given one year to show its performance and if it is found satisfactory it should be given renewal for another year or else it should be stopped.

9. Refresher training should be given to them again and again as this will help to increase their knowledge.

10. Incentives should be given to acceptors of permanent method of family planning.

11. Books related to family welfare programme should be given to private medical practitioners.

12. Library facility for private medical practitioners should be started.

13. Monthly meeting of these private medical practitioners with Block Medical Officer and ChiefMedical & Health Officer should be done for close coordination between the Government and Private Sector.

14. Identity cards should be issued to these trained private medical practitioners.

15. Modules in Hindi should be given to the private medical practitioners for referral purpose.

16. Some of the private medical practitioners have offered to utilize their clinics by the Government for purpose of opening a family planning centre.

17. Mobile van should be utilized for creating awareness about family welfare programme in the backward areas.

18. Such types of training are so beneficial that they are ready to attend them even if the Government does not give as any DA or TA etc.

19. 5-11 doctors should join together and form a working team. Creating awareness among the general public should be the aim of this team.

20. Boards should be put on their clinics mentioning that this clinic is a centre recognized by the Government for family welfare programmes and depot centres for distribution of contraceptives.

21. Referral slips should be given to the private medical practitioners for referring clients from their clinics to the Government hospitals. A client coming with the slip should be given proper care attention and behaviour of doctors should be good. This will create a rapport of the private medical practitioners amongst the general public.

22. Vaccines should be made available to the private medical practitioners for immunization.

23. The trained private medical practitioners should be given a target for family planning and if they meet the target then they should be given some incentive.

24. Facility of free education for the children of those couples who opt small family norm.

25. Female private medical practitioners should be given training on IUD insertion and M.T.P.

26. Counselling camps should be organised at least once a month in the backward areas.

27. In the monthly meeting of the Government officials representatives of private medical practitioners should be called for suggestions.

28. At the district or block level, the health committee which have been made should have representative of private medical practitioners also.

29. Dates of Tubectomy Camps etc in a particular area should be intimated to private medicalpractitioners of that area so that they can also refer client to avail these facilities.

30. This type of involvement should not stop with the training but extend to making depot holders , refresher course, creating awareness, organising camps etc.

31. If private medical practitioners are referring cases to a particular hospital then they should be allowed to accompany the patient to the O.T. also as this will remove the fear in the minds of the client.